

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC. CASH BALANCE PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/1946
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 16-0743215
2c Plan Sponsor's telephone number: 585-787-2233
2d Business code (see instructions): 621610

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	144
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	37
	6a(2)	34
	6b	52
	6c	49
	6d	135
	6e	6
	6f	141
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C 3H 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC. CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>16-0743215</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>6025241</u>
	b Actuarial value	2b	<u>6494938</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>55</u>	<u>5950139</u>
	b For terminated vested participants	<u>52</u>	<u>1199923</u>
	c For active participants	<u>37</u>	<u>762336</u>
	d Total	<u>144</u>	<u>7912398</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.06 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>170000</u>
	c Target normal cost	6c	<u>170000</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>10/06/2025</u> Date
	<u>BRIAN JOHANIUK-MILLIMAN</u> Type or print name of actuary	<u>23-08538</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>585-642-8962</u> Telephone number (including area code)
	<u>70 LINDEN OAKS SUITE 310 ROCHESTER, NY 14625</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	183961
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	183961
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.52</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		142
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		18
c	Total available at beginning of current plan year to add to prefunding balance		160
d	Portion of (c) to be added to prefunding balance		160
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	160

Part III Funding Percentages			
14	Funding target attainment percentage	14	82.08 %
15	Adjusted funding target attainment percentage	15	82.08 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	78.92 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/12/2024	75000	0	07/14/2025	65000	0		
07/12/2024	75000	0	09/08/2025	65000	0		
10/15/2024	66000	0					
01/15/2025	72000	0					
03/28/2025	545000	0					
04/14/2025	79000	0					
Totals ▶			18(b)	1042000	18(c)	0	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	985925

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items	
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years	
28 Unpaid minimum required contributions for all prior years	28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	170000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1417620	145880	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	315880	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	315880	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	985925	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	670045	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)	
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021	

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC. CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.	D Employer Identification Number (EIN) 16-0743215	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	ACTUARY	22569	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	10158	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC. CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>16-0743215</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>WTC-CIF II US INVESTMENT GRADE CORP</u>		
b Name of sponsor of entity listed in (a):	<u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>04-6913417-206</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>1414924</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STATE STREET U.S. TREASURY INDEX</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>85-1553502-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>863556</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NEPC GLOBAL EQUITY CIT</u>		
b Name of sponsor of entity listed in (a):	<u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>86-6497312-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>579290</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STATE STREET S&P 500(R) FLAGSHIP NO</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>522188</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STATE STREET LONG U.S. TREASURY IND</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-479</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>400883</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STATE STREET FTSE RAFI US 1000 INDE</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>06-6556853-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>305092</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NEPC DIVERSIFIED CREDIT CIT - CL A</u>		
b Name of sponsor of entity listed in (a):	<u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>86-6497312-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>286583</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: IR&M LONG CORPORATE COLLECTIVE FUND

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 37-6567224-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 243880
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a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC US SMALL CAP EQUITY CIT CLASSA

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 86-6497312-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 228219
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI EAFE 100 HEDGED T

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-455	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 211948
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a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC EMERGING MARKETS CIT

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 86-6497312-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 210962
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI EAFE INDEX NON-LE

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-241	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137893
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC. CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.	D Employer Identification Number (EIN) 16-0743215

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	176000	826000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	584	184
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	128625	65285
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	16645	10441
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	5622897	5405421
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	84625	124162
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6029376	6431493
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6029376	6431493

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1042000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1042000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	4843	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4843
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	6368	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6368
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	55000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	55465	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-465
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		405039
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1367
c Other income	2c		-787
d Total income. Add all income amounts in column (b) and enter total.....	2d		1455631

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	778509	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		778509
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	12694	
(6) Bank or trust company trustee/custodial fees	2i(6)	2399	
(7) Actuarial fees	2i(7)	22569	
(8) Legal fees	2i(8)	237343	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		275005
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1053514

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		402117
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MENGEL, METZGER, BARR & CO., LLP

(2) EIN: 16-1092347

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560537.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC. CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>16-0743215</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 31-0841368

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		3
---	--	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.
CASH BALANCE PENSION PLAN

ROCHESTER, NEW YORK

AUDITED FINANCIAL STATEMENTS

SUPPLEMENTAL SCHEDULES

AND

INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2024 AND 2023



BUSINESS
ADVISORS
AND CPAS

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BUSINESS
ADVISORS
AND CPAS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Plan Participants
UR Medicine Home Care, Certified Services, Inc.
Cash Balance Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of UR Medicine Home Care, Certified Services, Inc. Cash Balance Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of UR Medicine Home Care, Certified Services, Inc. Cash Balance Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of UR Medicine Home Care, Certified Services, Inc. Cash Balance Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter - Substantial Doubt About the Plan Sponsor's Ability to Continue as a Going Concern

The accompanying financial statements have been prepared assuming that the plan will continue as a going concern. As discussed in Note H to the financial statements, the plan may not be able to continue to meet its obligations as they become due, as the plan sponsor has a working capital deficit and a net asset deficiency that raises substantial doubt about its ability to continue as a going concern. Management's plans in regard to these matters are also described in Note H. The financial statements do not include any adjustments that might result from the outcome of this uncertainty. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about UR Medicine Home Care, Certified Services, Inc. Cash Balance Pension Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of UR Medicine Home Care, Certified Services, Inc. Cash Balance Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about UR Medicine Home Care, Certified Services, Inc. Cash Balance Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – 2024 Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets Held for Investment Purposes at End of Year - December 31, 2024 and the Schedule of Reportable Transactions – Year Ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Mengel, Metzger, Baw & Co. LLP

Rochester, New York
September 25, 2025

UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.
CASH BALANCE PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

<u>ASSETS</u>	December 31,	
	2024	2023
Investments, at fair value:		
Cash and cash equivalents	\$ 65,285	\$ 128,625
Mutual funds	124,162	84,625
Collective investment trusts	5,405,421	5,622,897
Investment in limited partnerships	10,441	16,645
TOTAL INVESTMENTS	5,605,309	5,852,792
Receivables:		
Accrued income	184	584
Employer contributions	826,000	176,000
TOTAL RECEIVABLES	826,184	176,584
NET ASSETS AVAILABLE FOR BENEFITS	\$ 6,431,493	\$ 6,029,376

See accompanying independent auditor's report and notes to financial statements.

UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.
CASH BALANCE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31,	
	2024	2023
<u>ADDITIONS</u>		
Additions to net assets attributed to:		
Interest and dividends	\$ 11,211	\$ 13,041
Employer contributions	1,042,000	176,000
Net appreciation in fair value of investments	402,420	715,886
TOTAL ADDITIONS	1,455,631	904,927
<u>DEDUCTIONS</u>		
Deductions from net assets attributed to:		
Benefits paid to participants	778,509	1,060,766
Administrative expenses	275,005	73,551
TOTAL DEDUCTIONS	1,053,514	1,134,317
NET INCREASE (DECREASE)	402,117	(229,390)
Net assets available for benefits at beginning of year	6,029,376	6,258,766
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ 6,431,493	\$ 6,029,376

See accompanying independent auditor's report and notes to financial statements.

UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.
CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE A: DESCRIPTION OF THE PLAN

The following description of UR Medicine Home Care, Certified Services, Inc. Cash Balance Pension Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a non-contributory defined benefit pension plan that provides retirement and death benefits and covers substantially all employees as of December 13, 2002, of UR Medicine Home Care, Certified Services, Inc. (“Plan Sponsor”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan amendments and restatements

On October 3, 2002, the Plan Sponsor approved the freezing of the Plan as of December 13, 2002. Effective as of that date, the Plan was closed to new members; however, the Plan continues to accrue benefits as defined in the Plan document for existing members as of that date.

Effective January 1, 2016, the Plan was restated to reflect all amendments made and laws affecting the previous Plan document. Effective September 1, 2016, the Plan was amended to allow in-service distributions for participants reaching normal retirement age, age 65 and over.

Effective January 1, 2020, the Plan was amended to reflect the change in the name of the Plan Sponsor as described above. In addition, as described below a new investment committee for the Plan was appointed effective January 1, 2020.

Administration

The Retirement Plan Committee as appointed by the Plan Sponsor is solely responsible for the operation and administration of the Plan in accordance with the provisions of the Plan. The Retirement Plan Committee is designated as the Plan administrator. The Pension Investment Advisory Committee as appointed by the Plan Sponsor is responsible for overseeing and monitoring the investment of the Plan assets. At its August 2019 meeting the Investment Advisory Committee recommended amendment of the Plan to appoint a new investment committee, the Affiliate Pension Investment Committee, which will be responsible for investing the Plan’s assets, and for appointing and removing the Plan’s trustees and custodians as it deems appropriate. This committee will also be responsible for investment of assets of pension plans of four other University of Rochester affiliates, however the assets of the Plan will remain separate from the assets of the other affiliates’ plans for legal and accounting purposes. This recommendation was approved by the Board of the Plan Sponsor on October 3, 2019, and was effective January 1, 2020.

Participation and vesting

All employees of the Plan Sponsor were eligible to participate in the Plan upon completion of one year of service through December 13, 2002 (refer to Plan amendments discussed above). Participants are 100% vested after five years of service.

UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.
CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE A: DESCRIPTION OF THE PLAN, Cont'd

Contributions

The Plan is non-contributory and funded entirely by the Plan Sponsor. Contributions of the Plan Sponsor are determined based upon actuarial valuations and recommendations made by the actuary under accepted actuarial principles. Minimum funding requirements required under ERISA have been met.

Benefit provisions

Although normal retirement age is 65, the Plan provides for early retirement at age 55 with reduced benefits. The amount of an employee's benefit is based on annual defined compensation and years of service.

In-service distributions and normal retirement

The annual benefit is the sum of (1) plus (2):

- (1) 1% of 5 year final average earnings as of December 31, 1995 times credited service as of February 8, 1996 plus .5% of the excess of 5 year final average earnings over covered compensation times credited service as of February 8, 1996, up to 35 years. For active employees whose age plus years of service is greater than or equal to 60 as of February 8, 1996, this benefit was adjusted 6% per year compounded up to 10 years and expired February 8, 2006.
- (2) The annuity equivalent of a cash balance account arising from the following allocation commencing in 1996:
 - (i) If credited service is less than or equal to 5 years, 4.5% of total earnings plus 4.5% of total earnings greater than the Social Security Wage Base.
 - (ii) If credited service is greater than 5 years, 6% of total earnings plus 5.7% of total earnings greater than the Social Security Wage Base.

There will be no benefit allocations made for service after December 13, 2002. Each year, the account will be credited with interest based on the interest rate for 5-year Treasury bills for the December prior to the beginning of the plan year. The minimum interest rate credit is 4% and the maximum is 9%. The interest rate for 2024 is 4%.

Early retirement

Eligibility

Attainment of age 55.

Amount of benefit

Accrued benefit under the prior plan formula will be reduced for each month retirement precedes age 65 as follows: 1/15 for each of the first 5 years and 1/30 for each of the next 5 years by which the starting date of payments precedes the participant's 65th birthday. If a member has 20 or more years of service, benefits may commence at age 62 without reduction or between ages 55 and 62 with a 1/15 reduction for each of the first 5 years prior to age 62 and a 1/30 reduction for each of the next 2 years the payments precede age 62. The cash balance benefit will not be reduced.

UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.
CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE A: DESCRIPTION OF THE PLAN, Cont'd

Disability

Eligibility

Age 45, 10 years of service and hired on or before November 29, 2001.

Amount of benefit

At retirement (early or normal, as elected by the participant), the end of the participant's period of disability, or December 13, 2002, whichever occurs first, the participant's accrued benefit shall be based on his/her credited service and compensation, calculated as if he/she continued to earn his/her rate of pay in effect at the time of disability.

Administrative expenses

The Plan's expenses are paid either by the Plan or the Plan Sponsor, as provided by the plan document. Expenses that are paid directly by the Plan sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Plan termination

Although the Plan Sponsor has no intention to do so, the Plan Sponsor has the right under the terms of the Plan to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during calendar 2024, that ceiling is \$7,108 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.
CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

Investment valuation and income recognition

Investments are reported at fair value based on quoted market prices. The Plan's interest in limited partnership is valued at the fair value of the Plan's relative interest in the limited partnership's net assets as of the end of the year. The collective investment trusts are valued at net asset value as a practical expedient. See Note I for further discussion on fair market value. Purchases and sale of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation and depreciation in fair value of investments consists of realized gains or losses and the unrealized appreciation or depreciation on those investments.

Payment of benefits

Benefits are recorded when paid.

Use of estimates in the preparation of financial statements

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the dates of the financial statements. Actual results could differ from those estimates and assumptions.

Subsequent events

The Plan has conducted an evaluation of potential subsequent events occurring after the statement of net assets available for benefits date through September 25, 2025, which is the date the financial statements are available to be issued. No subsequent events requiring disclosure were noted.

UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.
CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE D: ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Actuarial present value of accumulated plan benefits at January 1, 2024:

Vested benefits:	
Active participants	\$ 723,199
Retirees and beneficiaries receiving payments	5,637,251
Other participants	<u>1,192,642</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 7,553,092</u>

Changes in accumulated plan benefits for the year ended January 1, 2024 are as follows:

Actuarial present value of accumulated plan benefits	
at beginning of year	\$ 7,807,308
Actuarial losses	121,250
Interest	470,127
Benefits paid	(1,060,766)
Change in assumptions	<u>215,173</u>
Actuarial present value of accumulated	
plan benefits at end of year	<u>\$ 7,553,092</u>

UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.
CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE D: ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, Cont'd

Significant assumptions underlying the actuarial computations as of January 1, 2024 are as follows:

Actuarial method	Traditional Unit Credit Cost Method
Assumed rate of return on investments	6.00% per year
Mortality basis	PRI-2012 Mortality tables (with no collar adjustments), with separate rates for males/females and annuitants/non-annuitants, and current participants/surviving spouses, with improvement projected generationally using Scale MP-2021.
Normal retirement age	Age 65
Discount Rate	6.00%

The significant change in assumptions underlying the actuarial computations as of January 1, 2024 was the expected investment return decreased from 6.50% to 6.00%.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE E: TAX STATUS

The Plan obtained its latest determination letter on September 22, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan Administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service or other applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.
CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE F: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE G: TRANSACTIONS WITH PARTIES-IN-INTEREST

Transactions with U.S. Bank, N.A., the trustee of the Plan, are considered party-in-interest transactions. In addition, as described in Note A, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

NOTE H: THE PLAN SPONSOR'S CURRENT OPERATING ENVIRONMENT
AND FINANCIAL CONDITION

The independent auditor's opinion on the June 30, 2024 financial statements of the Plan Sponsor stated that management of the Plan Sponsor believes the continued working capital deficit and net asset deficiency raise substantial doubt about the Plan Sponsor's ability to continue as a going concern.

The ability of the Plan Sponsor to continue as a going concern is dependent on, but not limited to, adequate sources of capital and the ability to sustain positive results from operations and cash flows sufficient to continue to operate. Management's plans to improve profitability include improving volumes, enhancing reimbursement and managing operating costs. The Plan Sponsor is obligated to make annual actuarially determined minimum contributions into the Plan under ERISA guidelines. Although the Plan Sponsor has met all funding requirements for the Plan year 2024 through December 31, 2024, the continuing financial difficulties of the Plan Sponsor raise significant doubt as to its ability to meet minimum funding requirements in the future. The financial statements of the Plan do not include any adjustments to the recorded amounts or classification of assets and liabilities should the Plan Sponsor be unable to continue as a going concern.

UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.
CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE I: FAIR VALUE MEASUREMENTS

GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

- Level 2 - Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used for the years ended December 31, 2024 or 2023.

Mutual Funds (including money market funds): Valued at the daily closing price reported by the fund. Mutual funds held by the Plan are actively traded open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to report their daily net asset value and transact at that price.

Collective investment trusts: Valued at the net asset value reported by the fund as a practical expedient. There are no unfunded commitments and investments can be redeemed on a daily basis without restriction and are not subject to redemption notification provisions.

Investment in limited partnerships: Valued using the net asset value per share practical expedient as determined by the issuer based on the current fair values of the underlying assets of the limited partnership. The following table lists investments in limited partnerships by fund and describes their liquidity as of December 31, 2024 and 2023:

UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.
CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE I: FAIR VALUE MEASUREMENTS, Cont'd

Investment	Investment Strategy	December 31,				Redemption Frequency	Notice Period
		2024		2023			
		NAV in Funds	Unfunded Commitments	NAV in Funds	Unfunded Commitments		
AG Super Fund, L.P	Investments in distressed corporate securities, convertible hedging, residential and consumer debt, real estate debt, merger arbitrage, real estate, private equity and special situations or derivative instruments	<u>\$ 10,441</u>	<u>\$ -</u>	<u>\$ 16,645</u>	<u>\$ -</u>	In May 2018, the Board made a motion to terminate the Plan's investment in the Fund due to lagging investment returns. No units were sold in 2023. Sold 5,811 units in 2024.	60 days irrevocable notice

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to amounts presented in the statement of net assets available for benefits.

UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.
CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE I: FAIR VALUE MEASUREMENTS, Cont'd

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2024</u>				
Money market funds	\$ 65,285	\$ -	\$ -	\$ 65,285
Mutual funds	124,162	-	-	124,162
Collective investment trust measured at net asset value	-	-	-	5,405,421
Interest in limited partnership measured at net asset value; AG Super Fund, L.P.	<u>-</u>	<u>-</u>	<u>-</u>	<u>10,441</u>
Total assets at fair value	<u>\$ 189,447</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,605,309</u>
<u>December 31, 2023</u>				
Money market funds	\$ 128,625	\$ -	\$ -	\$ 128,625
Mutual funds	84,625	-	-	84,625
Collective investment trust measured at net asset value	-	-	-	5,622,897
Interest in limited partnerships measured at net asset value; AG Super Fund, L.P.	<u>-</u>	<u>-</u>	<u>-</u>	<u>16,645</u>
Total assets at fair value	<u>\$ 213,250</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,852,792</u>

Schedule SB, line 26 — Schedule of Active Participant Data

Attained Age	Years of credited service as of December 13, 2002									
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+
< 25										
25 - 29										
30 - 34										
35 - 39										
40 - 44										
45 - 49		2								
50 - 54		1	5	2						
55 - 59		3	5	3						
60 - 64		3	3	7						
65 - 69			1	1						
70+			1							

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial assumptions

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment rates		
• Look-back months	4		
• First 5 years	4.75%		
• Next 15 years	4.87%		
• Over 20 years	5.59%		
Mortality sponsor elections		Code Section 430(h)(3) prescribes combined static mortality tables. These tables are based on the Pri-2012 mortality tables projected with mortality improvement using Scale MP-2021.	
417(e) lump sums		Liabilities for pre-1996 benefits are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates, rather than Code Section 417(e) rates, and current year Code Section 417(e) unisex mortality.	
Economic assumptions			
• Interest credit on cash balance account	4.00% per year.		
• Salary increases	Not applicable. The plan is frozen.		
• Expected investment return	6.00% per year.		
• Expensed administrative expenses	Expected administrative expenses are based on actual expenses for the prior year adjusted for any expected differences, such as changes in the PBGC premium.		
Demographic assumptions			
• Withdrawal incidence	Sample rates are as follows:		
	Age	Rate	
	45	3.98%	
	50	2.56%	
	55	0.94%	
• Disability incidence	Sample rates are as follows:		
	Age	Male rate	Female rate
	45	0.32%	0.28%
	50	0.53%	0.46%
	55	0.94%	0.77%
• Retirement incidence	The later of normal retirement date (age 65) or attained age on valuation date.		
• Benefit commencement age for current and future vested deferred	Age 65 for benefit accrued through December 31, 1995 and immediate commencement for cash balance account.		
• Spouse assumptions	Male participants	Female participants	
– Percentage married	80%	80%	
– Spouse age difference	3 years younger	3 years older	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- Form of payment 100% lump sum for cash balance account; 75% lump sum and 25% life annuity for benefit accrued through December 31, 1995.
-

Asset methods

The asset valuation method is an average of the adjusted market value determined from three dates: the current and two preceding valuation dates. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This actuarial value of assets is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in Code Section 430.

A characteristic of this asset valuation method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants are included or excluded from valuations as described below:

Participants included: Employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

Insurance contracts: The plan does not have any insurance contracts.

Funding method

The funding target for minimum funding calculations is computed using the traditional unit credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

The plan's valuation date is the beginning of the plan year.

An individual's funding target is the present value of future benefits based on credited service as of the beginning of the plan year. If multiple decrements are used, the funding target for an individual is the sum of the component funding targets associated with the various anticipated separation dates.

The plan's funding target is the sum of individual funding targets.

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					5,853,375.78		
COMPARATIVE VALUE (5%)					292,668.78		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
Broker: Direct From Issuer							
01/31/2024	S	Issue: 95MSC3FQ3 - Ssga US Treasury Index NI Ctf - 11,466.575	8.7210		100,000	99,083	917
001050971134							
01/31/2024	S	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd Cl Nd - 2.826	8.0653		23	28	- 5
001050971134							
01/31/2024	S	Issue: 96MSCNSX8 - Wtc - Cif Intermediate Credit II - 47.230	9.0100		426	452	- 26
001050971134							
01/31/2024	B	Issue: 96MSCNSX8 - Wtc - Cif Intermediate Credit II 672.877	9.0100		- 6,063	6,063	
001050971134							
02/22/2024	S	Issue: 9SPMTH791 - Ssga Ftse Rafi US 1000 Index Non-Len - 713.936	42.0206		30,000	26,303	3,697
001050971134							
02/29/2024	B	Issue: 95MSC3FP5 - Ssga Long US Treasury Index NI Fund 2,383.904	20.9740		- 50,000	50,000	
001050971134							
02/29/2024	S	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd Cl Nd - 2.868	7.9004		23	29	- 6
001050971134							

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/29/2024 001050971134	B	666.219	8.9000		- 5,929	5,929	
02/29/2024 001050971134	S	- 151.345	132.1484		20,000	3,749	16,251
02/29/2024 001050971134	S	- 1,467.710	20.4400		30,000	8,011	21,989
03/14/2024 001050971134	S	- 8,614.748	8.7060		75,000	74,440	560
03/14/2024 001050971134	S	- 574.673	43.5030		25,000	21,172	3,828
03/29/2024 001050971134	B	3,484.482	21.5240		- 75,000	75,000	
03/29/2024 001050971134	S	-.648	21.1265		14	1	13
03/29/2024 001050971134	S	- 6.081	8.6417		53	53	
03/29/2024 001050971134	S	-.003	1,260.0000		4		3
03/29/2024 001050971134	S	-.430	43.3488		19	3	16
03/29/2024 001050971134	B	680.401	8.9500		- 6,090	6,090	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/29/2024 001050971134	S	- 3,445.424	8.7072		30,000	32,484	- 2,484
03/31/2024 001050971134	S	- .113	136.5487		15	3	12
03/31/2024 001050971134	S	- .909	21.0781		19	6	14
04/30/2024 001050971134	S	- 2.632	7.9603		21	26	- 5
04/30/2024 001050971134	S	- 2.942	7.6513		23	29	- 7
04/30/2024 001050971134	B	687.411	8.8000		- 6,049	6,049	
04/30/2024 001050971134	S	- 50.015	8.8000		440	38	403
05/16/2024 001050971134	S	- 558.791	44.7394		25,000	4,413	20,587
05/31/2024 001050971134	S	- 2.617	7.9554		21	26	- 5
05/31/2024 001050971134	B	717.184	8.8900		- 6,376	6,376	
05/31/2024 001050971134	S	- 1,128.210	22.1590		25,000	8,097	16,903

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/21/2024 001050971134	S	- 5,811.000	1.0000		5,811	5,811	
06/25/2024 001050971134	S	- 6,256.399	8.7910		55,000	54,062	938
06/28/2024 001050971134	S	- .802	21.6085		17	1	17
06/28/2024 001050971134	S	- 5.423	8.7682		48	1	47
06/28/2024 001050971134	S	- 2.648	8.1275		22	26	- 5
06/28/2024 001050971134	S	- .003	1,420.0000		4	1	3
06/28/2024 001050971134	S	- .429	44.0793		19	3	16
06/28/2024 001050971134	B	684.308	8.9100		- 6,097	6,097	
06/28/2024 001050971134	S	- .091	137.5824		13	3	10
06/28/2024 001050971134	S	- 1.065	21.6526		23	7	16
07/31/2024 001050971134	S	- 2.571	8.1321		21	26	- 5

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07/31/2024 001050971134	Issue: 96MSCNSX8 - Wtc - Cif Intermediate Credit II B	679.400	9.0500		- 6,149	6,149	
07/31/2024 001050971134	Issue: 96MSCNSX8 - Wtc - Cif Intermediate Credit II S	- 48.807	9.0499		442	466	- 24
07/31/2024 001050971134	Issue: 96MSCSS66 - Nepc Global Equity Cit Class A S	- 7,527.538	11.9561		90,000	76,050	13,950
08/08/2024 001050971134	Issue: 95MSCPFV3 - Nepc Diversified Credit Cit - CI A S	- 8,688.097	10.9345		95,000	86,881	8,119
08/30/2024 001050971134	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd CI Nd S	- 2.609	8.3190		22	26	- 4
08/30/2024 001050971134	Issue: 96MSCNSX8 - Wtc - Cif Intermediate Credit II B	681.184	9.1200		- 6,212	6,212	
08/30/2024 001050971134	Issue: 96MSCSS66 - Nepc Global Equity Cit Class A B	8,234.590	11.5367		- 95,000	95,000	
09/30/2024 001050971134	Issue: 95MSC3FP5 - Ssga Long US Treasury Index NI Fund S	- .862	23.1439		20	1	19
09/30/2024 001050971134	Issue: 95MSC3FQ3 - Ssga US Treasury Index NI Ctf S	- 4.754	9.1649		44	2	41
09/30/2024 001050971134	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd CI Nd S	- 2.592	8.6198		22	26	- 4
09/30/2024 001050971134	Issue: 95MSC0DZ1 - Ssga S&p 500 Flagship NI Fund S	- .003	1,476.6667		4	1	3

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09/30/2024 001050971134	S	- .379	45.4881		17	3	14
09/30/2024 001050971134	B	662.472	9.2000		- 6,095	6,095	
09/30/2024 001050971134	S	- .087	141.4943		12	3	9
09/30/2024 001050971134	S	- 1.002	21.5070		22	7	15
10/04/2024 001050971134	S	- 4,883.369	12.2866		60,000	50,435	9,565
10/31/2024 001050971134	S	- 2.612	8.4651		22	26	- 4
10/31/2024 001050971134	B	680.425	9.0200		- 6,137	6,137	
10/31/2024 001050971134	S	- 51.044	9.0201		460	487	- 26
11/19/2024 001050971134	S	- 1,324.045	49.0920		65,000	48,781	16,219
11/29/2024 001050971134	S	- 2.673	8.3474		22	27	- 4
11/29/2024 001050971134	S	- 4,181.460	13.1533		55,000	41,815	13,185

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/29/2024 001050971134	B	5,852.060	11.1072		- 65,000	65,000	
11/29/2024 001050971134	B	679.283	9.0700		- 6,161	6,161	
12/13/2024 001050971134	S	- 178.028	140.4273		25,000	19,117	5,883
12/31/2024 001050971134	S	- .966	22.2671		22		21
12/31/2024 001050971134	S	- 4.852	9.0354		44	2	42
12/31/2024 001050971134	S	- 2.533	8.3787		21	25	- 4
12/31/2024 001050971134	B	48.777	1,640.1173		- 80,000	80,000	
12/31/2024 001050971134	S	- .001	1,630.0000		2		1
12/31/2024 001050971134	S	- .002	1,575.0000		3	1	2
12/31/2024 001050971134	S	- .128	47.8906		6	1	5
12/31/2024 001050971134	S	- .250	48.0400		12	3	9

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/31/2024	B	660.646	8.9600		- 5,919	5,919	
Issue: 96MSCNSX8 - Wtc - Cif Intermediate Credit II 001050971134							
12/31/2024	S	- 8,444.252	9.4739		80,000	79,614	386
Issue: 96MSCSS58 - Nepc Emrg Mrkt Eqty Cit Cl A 001050971134							
12/31/2024	S	-.092	141.4130		13	3	10
Issue: 96MSCD390 - Ssga Msci Eafe Index NI Fund 001050971134							
12/31/2024	S	-.939	22.5346		21	7	14
Issue: 96MSCD382 - Ssga Msci Eafe 100% Hedged USD Erisa 001050971134							
Total For Direct From Issuer				0	1,331,609	1,180,474	151,134
GRAND TOTAL				0	1,331,609	1,180,474	151,134

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V567 - First Am Govt Ob Fd Cl Z							
01/03/2024	B	583.860	1.0000		- 584	584	
001050971134							
01/09/2024	B	100,000.000	1.0000		- 100,000	100,000	
001050971134							
01/16/2024	B	11,000.000	1.0000		- 11,000	11,000	
001050971134							
01/23/2024	B	884.880	1.0000		- 885	885	
001050971134							
01/26/2024	B	99,796.250	1.0000		- 99,796	99,796	
001050971134							

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/02/2024 001050971134	B	358.580	1.0000		- 359	359	
02/23/2024 001050971134	B	30,000.000	1.0000		- 30,000	30,000	
02/26/2024 001050971134	B	2,873.110	1.0000		- 2,873	2,873	
03/04/2024 001050971134	B	403.100	1.0000		- 403	403	
03/04/2024 001050971134	B	50,000.000	1.0000		- 50,000	50,000	
03/14/2024 001050971134	B	55,000.000	1.0000		- 55,000	55,000	
03/28/2024 001050971134	B	32,656.880	1.0000		- 32,657	32,657	
04/02/2024 001050971134	B	442.320	1.0000		- 442	442	
04/12/2024 001050971134	B	67,481.000	1.0000		- 67,481	67,481	
05/02/2024 001050971134	B	569.530	1.0000		- 570	570	
05/17/2024 001050971134	B	46,714.000	1.0000		- 46,714	46,714	
06/04/2024 001050971134	B	378.000	1.0000		- 378	378	
06/21/2024 001050971134	B	5,811.000	1.0000		- 5,811	5,811	
06/25/2024 001050971134	B	55,000.000	1.0000		- 55,000	55,000	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/26/2024 001050971134	B	13,389.000	1.0000		- 13,389	13,389	
07/02/2024 001050971134	B	187.550	1.0000		- 188	188	
07/12/2024 001050971134	B	69,066.000	1.0000		- 69,066	69,066	
07/19/2024 001050971134	B	90,000.000	1.0000		- 90,000	90,000	
08/02/2024 001050971134	B	416.320	1.0000		- 416	416	
08/08/2024 001050971134	B	95,000.000	1.0000		- 95,000	95,000	
08/21/2024 001050971134	B	55,000.000	1.0000		- 55,000	55,000	
09/04/2024 001050971134	B	342.390	1.0000		- 342	342	
09/12/2024 001050971134	B	95,000.000	1.0000		- 95,000	95,000	
10/02/2024 001050971134	B	480.430	1.0000		- 480	480	
10/04/2024 001050971134	B	60,000.000	1.0000		- 60,000	60,000	
10/15/2024 001050971134	B	66,000.000	1.0000		- 66,000	66,000	
11/04/2024 001050971134	B	423.190	1.0000		- 423	423	
11/19/2024 001050971134	B	120,000.000	1.0000		- 120,000	120,000	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/03/2024 001050971134	B	257.710	1.0000		- 258	258	
12/16/2024 001050971134	B	35,045.020	1.0000		- 35,045	35,045	
12/19/2024 001050971134	B	25,000.000	1.0000		- 25,000	25,000	
12/20/2024 001050971134	B	.160	1.0000				
Total For Buys				0	1,285,560	1,285,560	0
01/02/2024 001050971134	S	- 56,637.600	1.0000		56,638	56,638	
01/09/2024 001050971134	S	- 124,015.080	1.0000		124,015	124,015	
01/10/2024 001050971134	S	- 300.000	1.0000		300	300	
01/17/2024 001050971134	S	- 884.880	1.0000		885	885	
02/01/2024 001050971134	S	- 58,074.150	1.0000		58,074	58,074	
02/06/2024 001050971134	S	- 13,105.040	1.0000		13,105	13,105	
02/20/2024 001050971134	S	- 17.700	1.0000		18	18	
02/23/2024 001050971134	S	- 204.360	1.0000		204	204	
03/01/2024 001050971134	S	- 53,764.490	1.0000		53,764	53,764	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/05/2024 001050971134	S	- 50,000.000	1.0000		50,000	50,000	
03/07/2024 001050971134	S	- 4,664.000	1.0000		4,664	4,664	
03/25/2024 001050971134	S	- 203.580	1.0000		204	204	
03/26/2024 001050971134	S	- 4,237.000	1.0000		4,237	4,237	
04/01/2024 001050971134	S	- 55,201.040	1.0000		55,201	55,201	
04/25/2024 001050971134	S	- 197.640	1.0000		198	198	
05/01/2024 001050971134	S	- 55,201.040	1.0000		55,201	55,201	
05/13/2024 001050971134	S	- 63,437.280	1.0000		63,437	63,437	
05/13/2024 001050971134	S	- 2,539.490	1.0000		2,539	2,539	
05/24/2024 001050971134	S	- 202.260	1.0000		202	202	
06/03/2024 001050971134	S	- 55,201.040	1.0000		55,201	55,201	
06/11/2024 001050971134	S	- 2,539.490	1.0000		2,539	2,539	
06/14/2024 001050971134	S	- 4,582.000	1.0000		4,582	4,582	
06/25/2024 001050971134	S	- 190.840	1.0000		191	191	

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0402 -99-03321-04



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Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/01/2024 001050971134	S	- 55,201.040	1.0000		55,201	55,201	
07/22/2024 001050971134	S	- 90,000.000	1.0000		90,000	90,000	
07/25/2024 001050971134	S	- 198.510	1.0000		199	199	
08/01/2024 001050971134	S	- 55,201.040	1.0000		55,201	55,201	
08/09/2024 001050971134	S	- 95,000.000	1.0000		95,000	95,000	
08/23/2024 001050971134	S	- 198.680	1.0000		199	199	
09/03/2024 001050971134	S	- 55,201.040	1.0000		55,201	55,201	
09/13/2024 001050971134	S	- 2,539.490	1.0000		2,539	2,539	
09/25/2024 001050971134	S	- 199.280	1.0000		199	199	
10/01/2024 001050971134	S	- 55,201.040	1.0000		55,201	55,201	
10/11/2024 001050971134	S	- 113,328.000	1.0000		113,328	113,328	
10/16/2024 001050971134	S	- 2,717.000	1.0000		2,717	2,717	
10/25/2024 001050971134	S	- 199.050	1.0000		199	199	
11/01/2024 001050971134	S	- 56,674.840	1.0000		56,675	56,675	

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 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/13/2024 001050971134	S	- 2,719.000	1.0000		2,719	2,719	
11/20/2024 001050971134	S	- 65,000.000	1.0000		65,000	65,000	
11/25/2024 001050971134	S	- 200.020	1.0000		200	200	
12/02/2024 001050971134	S	- 55,937.940	1.0000		55,938	55,938	
12/06/2024 001050971134	S	- 2,539.490	1.0000		2,539	2,539	
12/13/2024 001050971134	S	- 35,045.020	1.0000		35,045	35,045	
12/24/2024 001050971134	S	- 201.090	1.0000		201	201	
Total For Sells				0	1,348,900	1,348,900	0
Total First Am Govt Ob Fd Cl Z				0	2,634,460	2,634,460	0
Issue: 96MSCSS66 - Nepc Global Equity Cit Class A							
08/30/2024 001050971134	B	8,234.590	11.5367		- 95,000	95,000	
Total For Buys				0	95,000	95,000	0
01/31/2024 001050971134	S	- 9,432.716	10.6014		100,000	95,298	4,702
07/31/2024 001050971134	S	- 7,527.538	11.9561		90,000	76,050	13,950

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Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/04/2024 001050971134	S	- 4,883.369	12.2866		60,000	50,435	9,565
Total For Sells				0	250,000	221,783	28,217
Total Nepc Global Equity Cit Class A				0	345,000	316,783	28,217
GRAND TOTAL				0	2,979,460	2,951,243	28,217

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC. CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.	D Employer Identification Number (EIN) 16-0743215	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	6,025,241
	b Actuarial value	2b	6,494,938
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	55	5,950,139
	b For terminated vested participants	52	1,199,923
	c For active participants	37	762,336
	d Total	144	7,912,398
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.06%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	170,000
	c Target normal cost	6c	170,000

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Brian Johaniuk-Milliman	<u>10/06/2025</u> Date
	Signature of actuary	2308538 Most recent enrollment number
	BRIAN JOHANIUK-MILLIMAN	585-642-8962 Telephone number (including area code)
	Type or print name of actuary	
	MERCER	
	Firm name	
	70 LINDEN OAKS SUITE 310 ROCHESTER NY 14625	
	Address of the firm	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	170,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1,417,620	145,880	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	315,880	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	315,880	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	985,925	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	670,045	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
--

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The assumed retirement age is 65.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: January 1, 1978 Restated plan: January 1, 2016 Plan year: January 1 through December 31
Status of the plan	The plan was closed to new entrants and benefit accruals ceased effective December 13, 2002.
Significant events that occurred during the year	None.
Definitions	
• Participation	Employees enter on the first day of the month coincident with or next following the completion of one year of service and 1,000 hours. Prior employment in the non-profit health or social service field can be used to satisfy the eligibility requirement. No employees enter the plan after December 12, 2002.
• Credited service	Credited service is based on elapsed time (years and completed months). For employees hired on or before November 29, 2001, service is calculated from date of hire. For employees hired after November 29, 2001, service is calculated from date of participation. The plan was amended to freeze credited service effective December 13, 2002.
• Compensation	W-2 earnings.
Normal retirement	
• Eligibility	Age 65.
• Benefit	The sum of (A) and (B) as follows: <ul style="list-style-type: none"> (A) 1% of five-year final average earnings as of December 31, 1995 times credited service as of February 8, 1996 plus 0.5% of the excess of five-year final average earnings over covered compensation times credited service as of February 8, 1996 (up to 35 years). If a participant had at least 60 points (age plus credited service) as of December 31, 1995, this benefit was adjusted 6% per year for up to 10 years. (B) The annuity equivalent of a cash balance account based on the following pay credits beginning in 1996: <ul style="list-style-type: none"> (i) If credited service is less than or equal to five years, 4.5% of compensation plus 4.5% of compensation in excess of the Social Security taxable wage base. (ii) If credited service is greater than five years, 6.0% of compensation plus 5.7% of compensation in excess of the Social Security taxable wage base. <p>Pay credits ceased effective December 13, 2002.</p> <p>Annual interest is credited to a participant's account balance based on the average yield on five-year Treasury Bills during the</p>

Schedule SB, Part V — Summary of Plan Provisions

December preceding the plan year. The minimum interest rate credit is 4.0% and the maximum is 9.0%.

Early retirement

- Eligibility Attainment of age 55.
- Benefit With respect to the prior plan accrued benefit, the benefit is unreduced if the employee has attained age 62 and completed 20 years of service. If an employee has completed 20 years of service but has not attained age 62, the accrued benefit is reduced by 1/15 for each of the first five years and 1/30 for each of the next two years retirement precedes age 62. If an employee has completed less than 20 years of service, the accrued benefit is reduced by 1/15 for each of the first five years and 1/30 for each of the next five years retirement precedes age 65.

With respect to the cash balance portion of the accrued benefit, a participant's early retirement benefit shall be actuarially equivalent to his/her account balance.

Pre-retirement death

- Eligibility A participant must be vested.
- Benefit The surviving spouse, or non-spouse beneficiary, is entitled to the participant's cash balance account plus the actuarial equivalent of the prior plan accrued benefit.

Deferred vested

- Eligibility 100% vesting after five years of vesting service if termination occurs before January 1, 2008. 100% vesting after three years of vesting service if termination occurs after December 31, 2007.
- Benefit Calculated as for normal retirement based on compensation and service as of date of termination. If eligible, a participant may elect to receive a reduced benefit at early retirement.

Disability

- Eligibility Age 45 and 10 years of service and hired on or before November 29, 2001.
- Benefit At retirement (early or normal, as elected by the participant), the end the participant's period of disability, or December 13, 2002, whichever occurs first, the participant's accrued benefit shall be based on his/her credited service and compensation, calculated as if he/she continued to earn his/her rate of pay in effect at the time of disability.

Form of payment

- Automatic form for unmarried participants Life annuity.
- Automatic form for married participants Joint and 50% survivor annuity.

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> • Optional forms 	<p>Optional forms of payment include:</p> <p><u>Prior Plan Benefit</u></p> <ul style="list-style-type: none"> • Life annuity • 10-year certain and continuous annuity • 15-year certain and continuous annuity • Joint and survivor annuity (50%, 66 2/3%, 75%, or 66 2/3% with 10 years certain) • Lump sum <p><u>Cash Balance Benefit</u></p> <ul style="list-style-type: none"> • Life annuity • Joint and survivor annuity (50% or 66 2/3%) • Lump sum
<ul style="list-style-type: none"> • Actuarial equivalence 	<p>Account balances are converted to life annuities based on the mortality and interest assumptions mandated by Code Section 417(e).</p> <p>Converting from a life annuity to other annuity forms of payment are provided on the following actuarially equivalent basis:</p> <p>Interest – 9.50% per year.</p> <p>Mortality – 1983 Group Annuity Mortality table for males projected by Scale H to 1988 and set back four years</p>

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation:

- **Late retirement increases:** Participants over normal retirement age are valued including late retirement actuarial increases.
- **Code Section 415(b):** The limitations of Code Sections 415(b) are incorporated into valuations.
- **Code Section 416 rules for top-heavy plans:** We do not test whether the plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants.

Plan provision changes since prior valuation

There have been no changes in plan provisions since the prior valuation.

UR MEDICINE HOME CARE, CERTIFIED SERVICES, INC.
CASH BALANCE PENSION PLAN
EIN:16-0743215
PLAN NUMBER: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

DECEMBER 31, 2024

(a)	(b) & (c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party, description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	<u>Cash and Cash Equivalents</u>		
*	FIRST AMER GOVT OBLIG FUND CL Z	\$ 59,844	\$ 59,844
*	FIRST AMER PRIME OBLIG FUND CL Y	5,439	5,441
	Total Cash and Cash Equivalents	<u>65,283</u>	<u>65,285</u>
	<u>Mutual Funds</u>		
	PIMCO AII	130,938	124,162
	Total Mutual Funds	<u>130,938</u>	<u>124,162</u>
	<u>Collective Investment Trusts</u>		
	NEPC US SMALLCAP EQUITY CIT CLASS A	177,402	228,219
	NEPC DIVERSIFIED CREDIT CIT CL A	263,168	286,583
	SSGA FTSE RAFI US 1000 INDX NON-LEN	235,942	305,092
	SSGA S&P 500 FLAGSHIP NI FUND	385,779	522,188
	SSGA LONG US TREASURY INDER NI FD	429,879	400,883
	SSGA US TREASURY INDEX NI CTF	842,117	863,557
	SSGA MSCI EAFE 100% HEDGED USD ERISA	142,559	211,948
	SSGA MSCI EAFE INDEX NI FUND	108,948	137,893
	WTC-CIF INTERMEDIATE CREDIT II	1,505,579	1,414,925
	IR+M LONG CORP COLLCT FD	302,705	243,880
	NEPC EMRG MRKT EQTY CIT CL A	216,158	210,962
	NEPC GLOBAL EQUITY CIT CLASS A	491,443	579,291
	Total Collective Investment Trusts	<u>5,101,679</u>	<u>5,405,421</u>
	<u>Limited Partnership</u>		
	AG SUPER FUND L.P.	10,441	10,441
	Total Limited Partnerships	<u>10,441</u>	<u>10,441</u>
	Total Investments	<u>\$ 5,308,341</u>	<u>\$ 5,605,309</u>

* Party-in-interest.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be negative.

Year established	Outstanding balance	Years remaining	2024 installment
2021	\$ 859,228	12	\$ 91,667
2022	(72,035)	13	(7,248)
2023	919,765	14	87,785
2024	(289,338)	15	(26,324)
Total	\$ 1,417,620		\$ 145,880

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of the normal cost was updated from \$175,000 to \$170,000.
- The expected investment return decreased from 6.50% to 6.00%